Policy Paper:

Australia’s workforce of allied health professionals

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AHPA’s call to action …

- AHPA recommends all governments work with the allied health professions to develop opportunities to maximise the value of allied health services and enhance equity of access. Central to this, a commitment is sought from the Australian Government to appoint a Chief Allied Health Officer to facilitate recognition and integration, as well as provide national leadership and advice on policy development, funding, health education and service delivery.

- AHPA believes it is essential to retain the distinctiveness of each profession and promote high standards through appropriate accreditation in order to ensure the safety of consumers and appropriate use of resources. AHPA and its member organisations consider the role of appropriately trained and regulated allied health professionals is vital to the delivery of safe and effective health services, and ensuring the community has access to ‘the right practitioner in the right place at the right time’.

- AHPA recommends adoption of its definition of allied health professions by all governments and agencies to promote consistency and to ensure that all relevant datasets are identified and utilised to collect, collate and interpret information which accurately depicts the role of allied health professionals and can assist in workforce planning.

- AHPA calls on governments to legislate nationally for the introduction of an authorised self-regulation model for allied health professionals outside of the National Registration and Accreditation Scheme, to ensure the appropriateness of allied health professionals within the sector, enhance consumer safety in line with the community’s growing expectations, assist with workforce planning and defray the unintended consequences of the introduction of NRAS.
Position Statement

Australia’s workforce of allied health professionals

Allied health professions have evolved rapidly over recent decades in response to the growing need for a health workforce with the capability to deliver specialised health services in a range of settings. Their associations continue to work to ensure their professionals have the required knowledge, skills and abilities to deliver safe, high quality health services that enhance the consumers’ health outcomes, enabling them to contribute to the community both socially and economically. The identity, contribution to consumer wellbeing and scope of practice of each allied health profession is often poorly recognised by stakeholders, including referrers and consumers. Poor referral practices create unnecessary duplication and increase the administrative burden, limiting the effective use of resources and the capacity of the allied health workforce and making navigating the health system harder for consumers. Targeted initiatives are urgently required to address this issue that not only creates confusion, but leads to inappropriate referral practices and unnecessary duplication.

AHPA requests that the Australian Government commits to appointing a Chief Allied Health Officer to facilitate recognition and integration, as well as provide national leadership and advice on policy development, funding, health education and service delivery.

Allied health services, used appropriately, have a profound, positive impact on the lives of consumers, as well as their carers and families. The benefits extend into the community in terms of positive social and economic contributions. The potential to introduce ‘generalist’ allied health professional positions to resolve localised workforce shortages, particularly in rural and remote areas, is in conflict with AHPA’s definition of allied health which specifies the requirement of a ‘professionally defined and a publicly recognised core scope of practice’.1 To ensure the safety of consumers and appropriate use of resources, AHPA believes it is essential to retain the distinctiveness of each profession and promote high standards through appropriate accreditation. AHPA and its member organisations consider the role of appropriately trained and regulated allied health professionals is vital to the delivery of safe and

effective health services, and ensuring the community has access to ‘the right practitioner in the right place at the right time’.

There is a perception that there are critical workforce shortages in some allied health professions across all sectors, which are exacerbated in some geographic areas for all professions. Until consistent data is available on present workforce capacity, and accurate predictors of future demand across all sectors are developed and utilised, these perceptions cannot be sufficiently clarified. To promote consistency, AHPA recommends adoption of its definition of allied health professions by all governments and agencies; urgent action to identify relevant datasets; and the introduction of mechanisms to accurately collect, collate and interpret the information. Particular attention should be taken to establishing demand in areas that traditionally struggle to gain sufficient workforce, including regional, rural and remote areas and Indigenous communities.

Current regulation of practitioners does not cover all allied health professions. Allied health professions within the National Registration and Accreditation Scheme (NRAS) report communication challenges and a lack of ‘connectedness’ to the sector, while professions outside of NRAS, with their own well-developed self-regulation models, face ongoing issues due to their omission. To ensure the appropriateness of allied health professionals within the sector, enhance consumer safety in line with the community’s growing expectations, assist with workforce planning and defray the unintended consequences of the introduction of NRAS, urgent work is required to legislate nationally for the introduction of an authorised self-regulation model for allied health professions outside of NRAS. AHPA has demonstrated this can be achieved in a cost-effective and timely manner.

To ensure the community reaps the full benefit of our highly trained and engaged workforce of allied health professionals, government must lead the way by gaining a better understanding of allied health and supporting opportunities to enhance recognition by all relevant stakeholders and improve access to allied health services. To enhance equity of access, AHPA recommends government works with allied health professions to develop opportunities to maximise the value of allied health services.
Background

In June 2004 the Council of Australian Governments (COAG) agreed to commission a report on Australia’s health workforce to be prepared by the Productivity Commission. The report, published in December 2005, sought to examine issues and propose solutions to ensure efficient and effective delivery of health services and the continued delivery of quality health care over the next decade. The report acknowledged that ‘Many of the arrangements under which the workforce operates are under considerable pressure, as are health workers themselves. The headline indicator of this is a workforce shortage across many professions, particularly in outer metropolitan, rural and remote areas. And these pressures are expected to intensify. In response, Governments and other stakeholders have been initiating a range of changes, but further reform is needed’.

The Productivity Commission recommended a broad range of initiatives to improve consumers’ access to health services. Some progress has been made towards many of the recommended initiatives, including the introduction of the National Registration and Accreditation Scheme (NRAS) administered by the Australian Health Practitioner Regulation Agency (AHPRA). Health Workforce Australia (HWA) was also formed to ‘build a sustainable health workforce for Australia’ by delivering ‘change, collaboration and innovation to build a sustainable health workforce that meets the healthcare needs of all Australians’.

At around 18% of the total health workforce, allied health professionals represent a similar proportion to doctors. Health workers are generally older than other occupations, with workers aged 55 or over increasing from 15% (2005) to 19% (2010). The workforce of allied health professionals compares favourably to medicine and nursing, with a smaller percentage over 55 and more rapid overall growth. Annually, allied health professionals provide over 200 million services that improve the quality and/or life expectancy of consumers.

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5 Allied Health Professions Australia, Policy Paper – Allied health professionals: Making an impact on the health of all Australians, March 2013. Available at: www.ahpa.com.au
The World Health Organization states ‘the workforce goal is simple – to get the right workers with the right skills in the right place and doing the right things!’ It also states, however, that strategies to secure an appropriate workforce are not easily resolved as issues are often ‘deeply embedded’, emotionally charged and/or ‘politically loaded’.

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Allied health professionals – essential to Australia’s wellbeing

Allied health professions have evolved rapidly over recent decades in response to the growing need for a health workforce with the capability to deliver specialised health services. Through their respective professional associations, the professions have sought to ensure the knowledge, skills and abilities of their professionals enable them to deliver safe, high quality health services. Access to ‘the right practitioner in the right place at the right time’ enhances the consumers’ health outcomes, enabling them to contribute to the community both socially and economically.

Utilising allied health to enhance efficiency and outcomes

Innovation in health service provision is required to ensure efficient use of resources. The government must commit to appointing a Chief Allied Health Officer to provide leadership and advice on policy development, funding, health education and service delivery. By gaining a better understanding of allied health and its potential, government will be embracing the key role that allied health professionals perform in the delivery of safe and effective health services.

This recognition and support of allied health by government will promote better utilisation ensuring consumers, and the community as a whole, are able to reap the full benefits of our highly trained and engaged workforce of allied health professionals. There is also unexplored opportunity to reduce overall costs by employing the services of all professions more effectively by removing expensive and unnecessary ‘back-looping’ through the system.

The role of allied health professionals

Allied health professionals are usually required to practise autonomously, providing direct consumer care, including diagnosis, treatment and rehabilitation; however, their contribution continues to be poorly recognised. There is a growing trend for non-referred consumers to access allied health professionals directly and independently. The value each allied health profession provides to the sector presents some challenges in terms of capacity and distribution; however, strong evidence exists that this uniqueness or specialisation, when used appropriately, has a profound, positive impact on the lives
of consumers, as well as their carers and families. The benefits also extend into the wider community in terms of positive social and economic contributions. The potential to introduce ‘generalist’ allied health professional positions to resolve localised workforce shortages is in conflict with AHPA’s definition of allied health\(^7\) and discounts the unique value proposition that defines each allied health profession and their professionals, particularly their high level of influence over consumer outcomes across a broad range of specialised allied health services. To ensure the safety of consumers and appropriate use of resources, AHPA believes it is essential to retain the uniqueness of each profession and ensure appropriate accreditation standards when considering workforce challenges. Greater access to a range of allied health professionals can be achieved by more efficient use of technology options, such as telehealth.

Although there may be some overlap of scope of practice with other health professionals, including doctors and nurses, allied health professionals have attained – through completion of a higher education qualification and targeted clinical training – a skill set unique to their chosen profession that enables them to provide highly specialised services. AHPA considers it to be of the utmost importance that the role of each allied health profession is accurately disseminated across all stakeholders in the health sector. Despite significant work done to date, the identity and unique scope of practice of each allied health profession is often poorly recognised by stakeholders, including referrers and consumers. Targeted education campaigns are urgently required to address this issue that not only creates confusion but leads to inappropriate referral practices and duplication.

**Planning for the future**

Recruitment of students into the allied health professions is restricted by the overall lack of funding of the sector, which limits the number of practising allied health professionals and introduces a barrier to the availability of clinical training positions. Professional associations and universities generally report strong interest from potential entrants seeking to enter allied health professions. Indeed, between 2005 and 2010 there was a 37% increase in the number of students completing health occupation university courses (including medicine and nursing/midwifery). Increases were noted for all fields except speech

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pathology and audiology. With the deregulation of university places that commenced in 2012, it is likely that the number of course completions will continue to increase. However, on completion, students are not always qualified to commence practising immediately in a health profession and it is likely that some students completing courses do not enter the health workforce at all. The scarcity of clinical training opportunities, necessarily linked to entry requirements of all allied health professions, continues to present a significant barrier to entry into professional practice. While many professions within the allied health sector rely on an influx of overseas trained practitioners to meet demand, it is important to note the challenges in this strategy. The defined scope of practice, which determines the education and training regime, can differ significantly overseas thus limiting the suitability of applicants and leading to pressure to reduce local standards. This has the potential to significantly diminish, over time, the quality and safety of allied health service provision. For some allied health professions, reliance on overseas trained practitioners is flawed as there is an international shortage of trained professionals. For the newer, emerging professions in particular, there is no equivalent profession in the countries from which Australia generally attracts its migrants hence national recruitment strategies need to meet demand.

There is a perception that there are workforce shortages in some allied health professions which are exacerbated in rural and remote areas as well as with Indigenous communities in all parts of Australia – metropolitan, regional, rural and remote. AHPA believes that whilst some progress has been made since the release of the Productivity Commission’s report, we are still not able to sufficiently clarify the present workforce capacity for all allied health professions, nor are we capable of accurately predicting future demand as data collection across all relevant areas is not consistent. An opportunity exists to ‘close the gap’ with respect to the health of Aboriginal and Torres Strait Islander people through the development of an Indigenous allied health workforce. However, as Indigenous Allied Health Australia (IAHA) points out, this is a challenge which is exacerbated because ‘the importance of allied health professionals is somewhat overlooked in the discourse around health workforce’.9

Central to the challenges of allied health workforce planning are the numerous definitions used, which are often further adapted for data collection and forecasting. Until such time as standardisation across all agencies is introduced, the lack of availability of accurate and discernible data will continue to

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challenge the sector. To promote consistency, AHPA recommends universal adoption of its definition of allied health professions.\textsuperscript{10} Further, urgent consideration must be given to the collection of all relevant datasets, including but not limited to:

- accurate workforce data from professions which are not within the National Registration and Accreditation Scheme. The Australian Bureau of Statistics data which is currently relied on has been demonstrated to be inaccurate
- demand forecasting to specifically assess the demand per profession across all relevant sectors
- the number of services provided outside of Medicare, including the public and private health sectors and those provided outside the health sector altogether
- management and leadership roles which are not captured in service delivery estimates
- distribution of workforce, specifically in regional, rural and remote areas, as well as those working in Indigenous communities.

Allied health professionals in rural and remote areas report a lack of extrinsic motivation incentives, such as salary, leave and professional development. Whilst the provision of adequate extrinsic incentives does not generally provide job satisfaction, it can reduce or prevent job dissatisfaction.\textsuperscript{11}

With respect to the challenges of ensuring the sustainability of health service delivery in Indigenous communities and providing support to ensure the workforce is both adequate and culturally aware, AHPA concurs with Rural Health Workforce Australia and the rural health agencies who defined the ‘areas of need’ as:

1. infrastructure support for student placements and support in Aboriginal Medical Services (AMS)
2. the importance of Aboriginal cultural training and mentoring for all health professionals. Furthermore, that workers in Indigenous health services need both a clinical and an Indigenous mentor. It was stressed that cultural mentoring must be delivered \textit{in situ}
3. the provision of management support, development and training for AMS staff to enable them to work at an optimal level.\textsuperscript{12}

Allied health education and training does not receive equitable funding. Changes to the university funding model are required to better support the provision of education and clinical training for students of allied health professions. Access to other initiatives that improve access and equity, including technology, funded clinical training placements, and assistance for rural health and Indigenous health recruitment initiatives (including scholarships), should be reviewed with a view to introducing opportunities equivalent to those in medicine and nursing.

**Better integration for enhanced outcomes**

In addition to contributing to policy that ensures the quality and sustainability of the workforce, allied health professionals and/or their professional associations should be better utilised to assist with workforce planning. With a strong understanding of the breadth and limitations of their scope of practice and a demonstrated capacity to work as part of multidisciplinary teams, experienced allied health professionals are well-placed to assess the appropriateness of role substitution and recognise opportunities to provide integrated care which follows the consumer on their journey, breaking down any barriers across sectors that can negatively impact consumer outcomes.

**Ensuring quality practitioners and safe health service delivery**

Allied health professions are not well-served by current regulation of practitioners. While acknowledging that NRAS is still in an establishment phase, some of the professional associations representing allied health professions that are within the scheme report communication challenges and a concerning lack of ‘connectedness’ to the issues within the sector. Professions outside of NRAS, most with self-regulatory standards that match the NRAS Boards, have reported significant and unfortunate unintended consequences that demonstrate a lack of awareness of the role of NRAS by stakeholders, including educators, employers and funders. While NRAS will, over time, support consumer safety and the mobility of registered practitioners, one of the most concerning aspects is the lack of understanding regarding the eligibility criteria and goals which limit the professions within the scheme. This lack of understanding is detrimental to the non-registered but self-regulated professions that, despite having significant roles in direct consumer care, including diagnosis and treatment, are being excluded from
governance and leadership roles within the sector. To ensure the appropriateness of allied health professionals within the sector, enhance consumer safety in line with the community’s growing expectations, assist with workforce planning and defray the unintended consequences of the introduction of NRAS, urgent work is required to legislate nationally for the introduction of an authorised self-regulation model, which AHPA has demonstrated could be achieved in a cost-effective and timely manner.  

Maximising the investment in education and training  
Sourcing reliable data pertaining to the retention of qualified allied health professionals is a priority. The high feminisation of the workforce presents challenges, as do the costs and other challenges associated with achieving the requirements that enable ongoing professional practice. Often the most significant issues influencing retention relate to the availability of a career path in clinical practice (as distinct from management or academia), as well as the perceived lack of recognition. Appropriate recognition of allied health professionals must be a high and urgent priority. There is also evidence to suggest that the costs associated with meeting the requirements to retain the right to practise is a barrier for some within the workforce or seeking to re-enter, particularly those seeking flexibility such as part-time employment. Working with the professions to overcome these barriers would maximise the investment made to train our highly skilled allied health workforce.

Improving access and equity  
Better government recognition of the inherent link between allied health services and consumer outcomes, by improving equity of access, must be a priority. The timely provision of allied health services enhances the outcomes for the consumer, enabling them to contribute to the community and reducing the likelihood that more expensive interventions and treatments will be required at a later stage. As well as a lack of knowledge and recognition by stakeholders of available options, funding is restricting utilisation of allied health services. This is particularly the case for consumers who rely on the limited number of allied health Medicare items available, as well as those in the lower socio-economic

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13 Harnessing self-regulation to support safety and quality in healthcare delivery: A comprehensive model for regulating all health practitioners, AHPA, March 2012.
demographic who are unable to self-fund. The present health funding model is defined across fragmented sectors by financial constraints. Over time, consumer-focused funding models that promote access generally prove more cost effective. Progress towards extending Medicare coverage beyond the medical profession\textsuperscript{14} is slow, being underpinned by difficult and time-consuming red tape. To enhance equity of access, AHPA recommends government works with allied health to develop opportunities to maximise the value of allied health services and to redirect funding which could be better utilised via allied health rather than medical treatments.

Increased access to allied health services would provide significant value to the community in terms of economic and social outcomes, in addition to improving the wellbeing of individual consumers. There is significant evidence internationally that timely access to allied health services reduces hospitalisation and the workload of general practitioners. Currently, however, only a limited number of consumers benefit from having the capacity to access appropriate allied health services either through a Medicare or a self-funded model, including private health insurance.

Detailed consideration to access issues reported by Indigenous Australians must be a priority. It is a major concern that few Indigenous Australians can access and thereby benefit from affordable allied health services. Few Aboriginal health services are funded sufficiently to have a range of allied health services to offer consumers. The health service or private practitioner is often unable to sustain the provision of such services on the rebates available and many Indigenous Australians cannot afford the fee gap such services would entail.\textsuperscript{15}

In most instances where workforce shortages exist, including in the regional, rural and remote areas and Indigenous communities, access to the most appropriate allied health professional could be readily facilitated through tele-consultation options. Once again, lack of resources continues to preclude this as a viable option for delivery of allied health services.

There is a need for referrers and consumers as well as allied health practitioners to have a more thorough understanding of the availability and limitations of the current Medicare packages on offer. Consideration must also be given to introducing additional needs-based packages for allied health

services where evidence supports improved access as an efficient utilisation of resources which leads to improved consumer outcomes.
Appendix 1 – Definition of allied health

The allied health workforce in Australia is comprised of allied health professionals and technicians, assistants and support workers who work with allied health professionals.

In this definition, Allied Health Professions Australia (AHPA) aims only to define the allied health professions and their professionals.

Background

In both the international and national domain there is no universally accepted definition of allied health professions. Instead, a range of definitions are used in various sectors. A variety of professions are listed as allied health professions by various government authorities and departments, health service providers, health funds and tertiary institutions. It is well accepted that the allied health subset of the Australian health professions does not include medical, nursing or dental professionals.

Professions Australia has defined ‘a profession’ as: ‘a disciplined group of individuals who adhere to ethical standards and who hold themselves out as and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others. It is inherent in the definition of a profession that a code of ethics governs the activities of each profession. Such codes require behaviour and practice beyond the personal moral obligations of an individual. They define and demand high standards of behaviour in respect to the services provided to the public and in dealing with professional colleagues. Further, these codes are enforced by the profession and are acknowledged and accepted by the community’.

AHPA’s Definition of ‘Allied Health Professions’

AHPA uses and builds on Professions Australia’s definition of a profession with additional specifications:

An allied health profession is one which has:

- a direct health consumer care role and may have application to broader public health outcomes
- a national professional organisation with a code of ethics/conduct and clearly defined membership requirements
- university health sciences courses (not medical, dental or nursing) at AQF Level 7 or higher, accredited by their relevant national accreditation body
- clearly articulated national entry level competency standards and assessment procedures
- a professionally defined and a publicly recognised core scope of practice
- robust and enforceable regulatory mechanisms

and has allied health professionals who:

- are autonomous practitioners
- practise in an evidence-based paradigm using an internationally recognised body of knowledge to protect, restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function
- may utilise or supervise assistants, technicians and support workers.
About Allied Health Professions Australia

Allied Health Professions Australia (AHPA) is the national peak body for the allied health professions in Australia, with 18 national associations as member organisations. Collectively, these organisations with their members in public, private, not-for-profit, rural and regional services across Australia, work together to provide an effective voice for over 57,000 allied health professionals.

As the largest peak body representing and advocating for the role of allied health professions in Australia, AHPA provides unified advice to government and key stakeholders across a broad range of issues, seeking to improve the health and wellbeing of all Australians.

Australia has a well-developed workforce of allied health professionals who utilise their specialised knowledge and skills to improve consumer outcomes. Allied health professionals work autonomously, as part of multidisciplinary teams and are available to supervise other health workers, including assistants and technicians. AHPA and its member organisations consider the role of appropriately trained and regulated allied health professionals is vital to the delivery of safe and effective health services, and ensuring the community has access to ‘the right practitioner in the right place at the right time’.

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Member organisations:

- Audiological Society of Australia
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- Australian and New Zealand College of Perfusionists
- Australian Association of Social Workers
- Australian Music Therapy Association
- Australian Orthotic Prosthetic Association
- Australian Osteopathic Association
- The Australian Psychological Society
- Australian Sonographers Association
- Chiropractors’ Association of Australia
- Dietitians Association of Australia
- Exercise & Sports Science Australia
- Occupational Therapy Australia
- Orthoptics Australia
- Society of Hospital Pharmacists of Australia
- Speech Pathology Australia

Associate members:

- Australian Diabetes Educators Association
- Australian Association of Practice Managers